

DIVISION OF MH/DD/SAS-SUBSTANCE ABUSE SERVICES

WORK FIRST SUBSTANCE ABUSE INITIATIVE INDIVIDUAL SPECIFIC MONITORING

FY 2006/2007

LME:		Date:	
Contract Provider:		Record #:	
Control #:	Admission Date:	County:	
Staff Interviewed:			
Rating Codes: 0 = No 1 = Yes 9=NA			Rating
1. The LME presently has individuals participating in the Work First/Substance Abuse Initiative program.			
2. There is evidence of a signed release of information between the individual's referring county department of social services and the local LME/Contract Provider to communicate regarding assessment and disposition.			
3. The release of information meets all the requirements for a valid release:		a.	
a. Name of individual		b.	
b. Name of program making disclosure		c.	
c. Name of organization to which disclosure is to be made		d.	
d. Nature of the information		e.	
e. Purpose of disclosure		f.	
f. Revocation Statement		g.	
g. Expiration date		h.	
h. Signature of individual		i.	
4. There is evidence of a completed SUDDS IV assessment for the participant.			
5. There is evidence of a report to the county department of social services concerning the participant's treatment progress.			
6. There is evidence that the participant has received a urine screen in the first 30 days following admission to treatment.			
7. There is evidence that a NC TOPPS was completed within the required timeframes:		a.	
a. Initial Assessment		b.	
b. 3 month update		c.	
c. 6 month update		d.	
d. 9 month update		e.	
e. every 6 months thereafter			
Comments:			
Monitor:			

NC DIVISION OF MH/DD/SAS
2006/2007 PROTOCOL
WORK FIRST SUBSTANCE ABUSE INITIATIVE - INDIVIDUAL
MONITORING INSTRUCTIONS

All LME's participate in this monitoring event.

Question #1: The monitor will determine if there are active Work First participants where the individual is engaged in substance abuse treatment. If there are no active participants, rate the question "0/No" and subsequent questions "9/NA".

Question #2: The monitor will review each service record to determine if a release of information was completed for the county DSS and LME to communicate regarding the individual receiving an assessment and the disposition. (County in this case is the individual's referring county).

Question 3: The monitor will review the release of information to ascertain that the release is valid. A valid release of information (meeting the requirements of 42 C.F.R. Part II) will include the following:

- a) Name of individual
- b) Name of program making disclosure (i.e. LME)
- c) Name of organization to which disclosure is to be made (i.e. County DSS)
- d) Nature of the information (i.e. outcome of assessment)
- e) Purpose of the disclosure (i.e. Work First eligibility)
- f) Revocation Statement
- g) Expiration Date (time limit of no more than one (1) year with reference to the specific information to be released.)
- h) Signature of service recipient
- i) Date (i.e. date signed by service recipient)

All elements (a-i) must be present in order to rate this question "1/Yes". If any item is not present, rate the question "0/No".

Question #4: The monitor will review each service record to determine if a Substance Use Disorders Diagnostic Schedule-IV (SUDDS-IV) assessment was completed on the individual. If an assessment other than the SUDDS-IV was completed, the rating code is "0/No".

NOTE: it is acceptable to complete an assessment in addition to the SUDDS-IV, but not necessary. If the individual was engaged in substance abuse treatment prior to identification as a Work First participant, a SUDDS-IV is not required and the rating code should be NA.

Question #5: The monitor will review the service record to determine if a report on the individual's progress in substance abuse treatment, either verbally (which could be found in a services note) or written (i.e. a letter or a form), was provided to the county department of social services.

Question #6: The monitor will review the service record to determine if a urine screening was completed and documented in the chart in the first 30 days following admission to treatment. Evidence of urine screening would be indicated on a Toxicology Report Form or the results could be indicated in a service record note. If the individual was discharged from treatment prior to 30 days the rating code is "9/NA".

Question #7: The monitor will review each service record to determine if an NC TOPPS Initial Assessment was completed.

- The NC TOPPS Initial Assessment must be completed within 30 days of the first date of service.
- Subsequent updates must be completed within 15 days before or after the due date.
- A copy of the NC TOPPS Initial Assessment form can be found in the service record.

Rate each element (a-e) "1/Yes" or "0/No". If an update is not due, rate the element (b-e) "9/NA". All elements (a-e) must be rated either 1 or 9 for the overall rating to be "1/Yes". If any element is rated "0", the overall rating is "0/No".